

HOUSE BILL REPORT

HB 1015

As Reported by House Committee On: Health Care

Title: An act relating to the reporting of infections acquired in health care facilities.

Brief Description: Requiring reporting of infections acquired in health care facilities.

Sponsors: Representatives Campbell, Morrell, Skinner, Hankins, Simpson, Schindler and Chase.

Brief History:

Committee Activity:

Health Care: 1/10/06, 1/31/06 [DPS].

Brief Summary of Substitute Bill

- Requires hospitals to provide the Department of Health with quarterly reports detailing the rates of hospital-acquired infections at their facilities.
- Requires the Department of Health to provide annual reports of infection rates at individual hospitals.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 9 members: Representatives Cody, Chair; Campbell, Vice Chair; Morrell, Vice Chair; Appleton, Clibborn, Green, Lantz, Moeller and Schual-Berke.

Minority Report: Do not pass. Signed by 5 members: Representatives Hinkle, Ranking Minority Member; Curtis, Assistant Ranking Minority Member; Alexander, Bailey and Condotta.

Staff: Chris Blake (786-7392).

Background:

The United States Centers for Disease Control and Prevention (CDC) collects data about hospital-acquired infections through the National Nosocomial Infections Surveillance System. This program collects information from approximately 300 large-size hospitals on a voluntary basis. The database is intended to serve three functions: (1) describe the epidemiology of health care-associated infections; (2) describe the antimicrobial resistance associated with these infections; and (3) produce aggregated infection rates suitable for interhospital comparisons. Hospital-specific data is not released through this program.

Through this data, the CDC estimates that each year approximately two million patients are infected as a result of the receipt of health care services that they receive and about 90,000 of these patients die from their infections.

The Washington State Department of Health (Department) licensing standards require that hospitals maintain infection control programs to reduce the occurrence of hospital-acquired infections. As a part of this program, hospitals must adopt policies and procedures based on CDC guidelines for reducing infections.

Summary of Substitute Bill:

Acute care hospitals and hospital-owned ambulatory surgical centers are required to collect information about outcome measures for health care-associated infections at their facilities including surgical site infections, surgical antimicrobial prophylaxis, ventilator-associated pneumonia, and central line-related bloodstream infections in the intensive care unit. As national organizations make additional guidelines available for evidence-based procedures that are feasible for hospitals to track, the Department shall immediately adopt them and hospitals shall have six months to implement them. Hospitals must submit quarterly reports of this data to the Department. Information contained in the hospital reports is not subject to public disclosure or discovery or admissible as evidence in a court proceeding.

Ambulatory surgical centers that are not owned by hospitals may voluntarily participate in the reporting program. The Department shall develop a plan to include ambulatory surgical centers that are not owned by a hospital in the reporting program.

The Department shall adopt guidelines and rules for the collection, reporting, analysis, and release of information related to health care-associated infections at hospitals. An advisory committee consisting of infection control professionals and epidemiologists is established to make recommendations to the Department in developing standards for conducting these activities. The Department shall publish an annual report which will provide comparisons of infection outcomes at different hospitals. The data in the Department's reports must be risk-adjusted to account for patient mix and aggregated by facility.

Hospitals are required to maintain information concerning health care-associated infections in their quality improvement programs.

Substitute Bill Compared to Original Bill:

The substitute bill removes the requirement for hospitals to report urinary tract infections and clostridium difficile infections and requires the reporting of surgical antimicrobial prophylaxis. Procedures and infections may be added when other organizations adopt new, evidence-based guidelines that are feasible to track, the Department must immediately incorporate them into the reporting program and hospitals must begin reporting within six months.

The specific list of advisory committee members is removed and replaced with a membership of infection control professionals and epidemiologists. The advisory committee may meet as often as necessary, but not less than three times per year.

The substitute bill requires that hospital-owned ambulatory surgical centers also comply with the reporting requirements. Ambulatory surgical centers that are not owned by a hospital may voluntarily choose to participate in the reporting program. The Department must develop a plan to include ambulatory surgical centers not owned by hospitals in the infection reporting program.

The effective date is changed to August 1, 2006.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect on August 1, 2006.

Testimony For: This bill is a necessary and complementary component to what hospitals are doing to improve patient safety. The hospitals' initiative is only voluntary while this program is mandatory. Rates of hospital-acquired infections have grown to about 100,000 deaths per year. Transparency is the key to reducing the infection rates at hospitals. Washington cannot wait for other organizations to develop guidelines. This bill furthers the consumers' right to know information when making health care decisions. In order to provide accurate information, a comprehensive program will need to be developed.

Testimony Against: In the past year the Institute for Healthcare Improvement Program has encouraged hospital CEOs to provide resources to make their institutions more safe through scientifically sound practices that are feasible to implement and hospitals realize that they make good business sense. The advisory committee could slow down the system. It would be very challenging to get all providers to report data in a consistent way without national reporting standards. There are financial incentives at the federal level that are promoting patient safety practices regarding infections. Washington should build on these existing programs.

Persons Testifying: (In support) Representative Tom Campbell, prime sponsor; and Jude Van Buren, Department of Health.

(Opposed) Marcia Patrick, Multicare Health System; and Lisa Thatcher, Washington State Hospital Association.

Persons Signed In To Testify But Not Testifying: None.